	PHSW:						13.53		1		
City of Doubland Mark	. Destate a re-	ъ.		Pa	ermit No:				BL:		
City of Portland, Maine			'44			Same Date: 550 0 3 2004		1321 E003001			
389 Congress Street, 0410		3, Pax:	(207) 874-81.			<u> </u>				10001	
Location of Construction:	Owner Name:	Owner Name: Nicoll Donald E & Hilda F Jts			Owner Address:			RILAND			
					y riighiand St						
praince Mank:	Contractor Name	Dead River Company			Contractor Address: PO Box 467 Scarborough				Phone A070000 - 1 5		
Lessee/Buyer's Name		Phone:			Permit Type:				2078839515		
Proved (1976) of Fillings				HVAC				*** \$3			
'asi Une: Proposed Use:		Pen			Permit Fee: Cost of Wark:			CEO District:			
single tamily home		single family home w/new oil furnace		\$102.00 \$8,650.0				3			
	furnace			☐ VbMασσ I			1	SPECTION:			
						Denied	Use G	mup:		MAC 3	
 							l V	?)		Win	
	<u>_</u>			1			`	10	16,200	ን	
Proposed Project Description:								יע. מ	- A A	21.10	
install new oil furnace in single family home				Signature:			Signat	Signature: OMB 12/1/04			
			PEDESTRIAN ACTIVITIES DISTRIC			reigt (T.A.A.J.				
					Action: Approved Approve			ad w/Conditions Denied			
				Signature:				Date:			
Permit Taken By: jharris	Date Applied For: 11/15/2004				Zoning	Approva	ŋ				
i. This permit application d	dal Zonc or Revi	ews	s Zoning Appeal			Historic Preservation					
Applicant(s) from meeting applicable State and Federal Rules.			rue) and	Ù Variance],	No. ia District or Landmark			
 Building permits do not include plumbing, septic or electrical work. 			ctland		☐ Misce)laneous			Does Net Require Review			
 Building permits are void if work is not started within six (6) months of the date of issuance. 			od Zase	J.	Conditional Use			Requires Review			
False information may in permit and stop all work.	□ 20	Dalies in Chil	interpretation				∐ Арриочен				
		∏ Sic	e Plan	•	□ Арргоче	ed to		∐ 4	pprevat w/(Conditions	
			∐ Minus [] MM	Date.				Dave Dave			
			Jub 12/1				r				
		$\neg \neg$)					U	,		
I hereby certify that I am the or I have been authorized by the o jurisdiction. In addition, if a p shall have the authority to ente such permit.	owner to make this appli- ermit for work describe	med pro eation a d in the	s his authorized application is i	ne prop 1 agent seued,	l and I agree I certify that	to conform : the code off	icial's	pplica author	hie laws d ized repre	of this Mentative	
SIGNATURE OF APPLICANT			ADDRES	<u> </u>	DATE			PHONE			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE			MILINE			